

EXHIBIT C

Oct 31 01 05:01p

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P. 1

SCLAFANI - VITALE, M.D., P.C.

9711 3rd Avenue
Brooklyn, N. Y. 11209

ORTHOPAEDIC SURGERY

Salvatore J. Sclafani, M.D., F.A.C.S.

Aldo Vitale, M.D., F.A.C.S.

Steven Sclafani, M.D.

ARTHROSCOPIC SURGERY

SPORTS MEDICINE

Telephones:

(718) 833 1808 - 1809

Fax:

(718) 836-4711

October 29, 2001

Re: Timothy Frolich

To Whom It May Concern:


Mr. Frolich is under our care for an injury he sustained on 9/11/2001.

The diagnosis is: Fracture dislocation of left foot talo-navicular joint. Treated by open reduction, internal fixation.

Patient was examined on 9/12/2001 (and had emergency surgery also on that date), 9/17/2001, 9/24/2001, 10/8/2001, 10/23/2001.

Patient continues to be totally disabled and unable to work. However, he may return to work, approximately on 1/7/2002.

Very truly yours,


Steven Sclafani, M.D.

SS:rac

212-004659-0180



126

LUTHERAN MEDICAL CENTER
BROOKLYN, NEW YORK

AMBULATORY PROCEDURE
PHYSICIAN'S RECORD

FROLICH, TIMOTHY
02036-00017 A/S
SHANKER, RAVI
M/R#: 0000912420

MD

Date 2/17/02

RELEVANT MEDICAL & SURGICAL HISTORY

Left ankleR.S.D. Left leg off ORTExisting Co-morbid Conditions HIVIndications for Procedure Reflex sympathetic Dy neuropAllergies: ☐ None Amoxicillin

LMP

Medications Nicotine, Celebra, Aricept, Aspirin

PHYSICAL EXAMINATION

Temp. 58.8 Pulse 83 Resp. 18 BP 117/59HEENT normalAbdomen normalCardiovascular normal

Genital/Rectal/Vaginal

Chest/Lungs clearExtremities normal Left leg off ORT

Breast

Neurological AOKMental Status AOKCondition normalDIAGNOSIS Reflex sympathetic Dy neuropPlan for Anesthesia/Sedation Local 2% FedPhysical Status Classification ASignature [Signature]

OPERATIVE REPORT

Date 2/17/02Surgeon Paul Shanker MD

Assistant

Specimen

Post-Op Dx normalFindings ↑ temp. f. Pain relief.

Procedure Used Boothby to OR. Moni in place. Bone fixation, 1/2 sec by Dr. Shanker. Bone prep & dropped, replace 1/2. Intra-oral 22 g. 5" Q. placed under fluoroscopy. Ant. lat. to the vertebrae. After completion of case, patient placed in prone position. After completion of case, patient placed in prone position. 22 g. is in divided dose. Tolerate procedure. Dr. placed in prone position.

The estimated blood loss was normalThe patient left O.R. in normal condition.

Assistant

Attending Paul Shanker, M.D.

DISCHARGE NOTE

Date/Time 2/17/02Condition normalInstructions Cont. PT, f call office Friday

FOLLOW-UP

Signature
Page 2

[Signature], M.D.



142

LUTHERAN MEDICAL CENTER
BROOKLYN, NEW YORK

AMBULATORY SURGERY

NURSING HISTORY &
ASSESSMENT RECORDFROLICH, TIMOTHY
02036-00017 A/S
SHANKER, RAVI
M/R#:0000912420

M

MD

DATE 2-05-02	TIME 11:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF M.D. Shanker	
ADMITTED BY:				
<input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> WALKER <input type="checkbox"/> CRUTCHES <input type="checkbox"/> OTHER (SPECIFY)				
TEMPERATURE 98.8	PULSE 83	RESPIRATIONS 18	BLOOD PRESSURE 115/59	HEIGHT 6
WEIGHT 200 lb		LANGUAGE SPOKEN English		RELIGION Catholic
REASON FOR PROCEDURE Superficial sympathetic dystrophy				
PROPERTY/VALUABLES				
GLASSES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	CONTACT LENS <input type="checkbox"/> NO <input type="checkbox"/> YES	HEARING AID(S) <input type="checkbox"/> NO <input type="checkbox"/> YES	DENTURES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	PROSTHESIS <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)
DISPOSITION <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LOCKER # <input type="checkbox"/> OTHER	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LOCKER # <input type="checkbox"/> OTHER	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LOCKER # <input type="checkbox"/> OTHER	<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LOCKER # <input type="checkbox"/> OTHER	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LOCKER # <input type="checkbox"/> OTHER
PERSONAL EFFECTS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY) #6				
I UNDERSTAND THAT THE HOSPITAL IS NOT RESPONSIBLE FOR ANY VALUABLES.				
PATIENT'S SIGNATURE Timothy Frolich				
PAST HISTORY - MAJOR ILLNESSES, OPERATIONS AND HOSPITALIZATIONS				
MEDICAL HISTORY <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> LUNG DISEASE <input type="checkbox"/> DIABETES <input type="checkbox"/> GI PROBLEMS <input checked="" type="checkbox"/> HYPERTENSION <input type="checkbox"/> RENAL DISEASE <input type="checkbox"/> HEPATITIS <input type="checkbox"/> GU PROBLEMS <input type="checkbox"/> STROKE <input type="checkbox"/> CANCER <input type="checkbox"/> IMMUNE DEFICIENCY <input type="checkbox"/> GYN PROBLEMS <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> ALCOHOL DEPENDENCY <input type="checkbox"/> OTHER				
COMMENTS:				
SIGNIFICANT OB/GYN HISTORY G _____ P _____ LMP _____				
SURGICAL HISTORY/HOSPITALIZATIONS (INCLUDE DATES) Left foot surgery				
FAMILY HISTORY				
<input checked="" type="checkbox"/> HEART DISEASE <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> LUNG DISEASE <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> CANCER <input type="checkbox"/> DIABETES <input type="checkbox"/> ALCOHOL DEPENDENCY <input type="checkbox"/> OTHER				
COMMENTS:				
MEDICATIONS TAKEN AT HOME (Includes: Prescriptions, OTC's Vitamins, Herbal Remedies)				
DOSAGE		TAKEN THIS AM?		TIME TAKEN
		YES	NO	
Vitamin 7 Tab PRN			<input checked="" type="checkbox"/>	
Aspirin 1 tab QD			<input checked="" type="checkbox"/>	
Amin 1 tab PRN			<input checked="" type="checkbox"/>	
Amin 0-5mg 1 tab BID			<input checked="" type="checkbox"/>	

CORNELL
UNIVERSITY

NEW YORK
PRESBYTERIAN
HOSPITAL

Joan and Sanford I. Weill
Medical College

Michael Rubin, M.D., F.R.C.P. (C)
Professor of Clinical Neurology
Director, Neuromuscular Service

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520 East 70th Street, K615
New York, NY 10021

April 2, 2002

On April 2nd I saw Timothy Frolich for Workers' Compensation. This 37 year old banker was injured during the World Trade Center disaster. He sustained a fracture dislocation of the left foot. He underwent internal fixation of the tarsal metatarsal joint and had the pins pulled out. Since the injury he has been experiencing pain in the foot basically from below the ankle with a burning sensation. He also feels like cold water is rushing into the foot. It is also colder than the right foot. It changes color and turns blue as well.

No significant previous medical or surgical history.

On examination he is a pleasant gentleman who looks his stated age. He uses a cane to walk. Positive findings limited to the left foot which is cool to touch. Brisk rubous compared to the right. Sensation is subjectively decreased from below the ankle both dorsally and plantarly. Strength testing is effort dependent but nowhere weak in the left foot. Reflexes are brisk. Toes are upgoing. He limps favoring the left foot.

Impression: Reflex sympathetic dystrophy, now known as complex regional pain syndrome. He has no evidence for nerve injury, thus this would be type I CRPS. He requires aggressive physical therapy and pain management for some control.



Michael Rubin, MD, FRCP(C)

MR/JC

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September 15, 2003

Yasuda Fire and Marine
400 Keelby Street 10th Fl.
Fort Lee NJ 07024

RE: TIMOTHY FROLICH

SS#: [REDACTED]

D/A: 9/11/01

EMP: FUJI BANK

Gentlemen

This patient is here still complaining of pain in the foot and ankle, pins, needles, numbness occasionally in the calf and even radiating to his thigh. He did have a crush injury to his foot, fracture/dislocation complicated by reflex sympathetic dystrophy.

On exam he has ambulating with an antalgic gait.

Exam of the left foot reveals 2 well healed surgical incisions medially and laterally. The lateral incision is tender with a positive Tinel's sign, some restricted subtalar motion, good ankle motion.

IMPRESSION: HEALED FRACTURE/DISLOCATION OF THE FOOT. POST TRAUMATIC DEGENERATIVE ARTHRITIS AND RSD.

The patient has a permanent disability with a 40% scheduled loss left lower extremity due to RSD, fracture and post traumatic arthritis with limited motion and pain. The patient's prognosis for further improvement is guarded.

SS:jc

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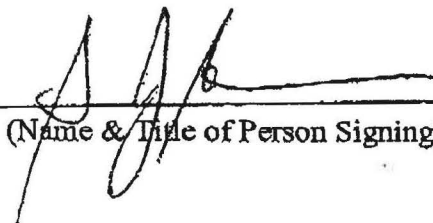
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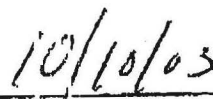
October 10, 2003

To Whom It May Concern:

I hereby certify that the enclosed records are true, exact copies of the original medical records for TIMOTHY FROLICH kept in the regular course of business at this facility.



(Name & Title of Person Signing)



(Date)

NEIGHBORHOOD
COUNSELING
CENTER

To: September 11th Victim Compensation Fund
From: Elizabeth Sufott, CSW
Re: Timothy Frolich



November 30th, 2003

Tim Frolich is a 39 year old man who came to treatment at our clinic on 9/29/01 presenting with extreme anxiety, shakiness, sleeplessness, flashbacks, fear of the dark, nightmares, inability to concentrate, and severely depressed feelings of hopelessness about the future. He was diagnosed with Post-Traumatic Stress Disorder, brought on by the events of 9/11/01, on which date Mr. Frolich had to escape from the 80th floor of the World Trade Center's South Tower. He witnessed an explosion, many injuries and deaths, sustained a serious injury to his foot, and lost a best friend and many colleagues. His condition was aggravated around July 2002 after he was terminated from his job at Fuji bank. Mr. Frolich was seen by a psychiatrist and given the anti-depressant Celexa, the anti-anxiety medication Atavan and the sleep medication Ambien. He was seen weekly for psychotherapy until February 2003 at which time his visits were increased to twice a week because of continued symptoms of anxiety and depression around the events of 9/11. Currently, Mr. Frolich attends one day a week of psychotherapy, one day a week in a support group and once a month consults with a psychiatrist.

Mr. Frolich's progress has been slow. Images of people that he saw in the Trade Center on 9/11 remain etched in his memory and he experiences overwhelming feelings of guilt about not having been able to save more lives. He continues to mourn the lives of those friends and colleagues that he lost on that day. Mr. Frolich is still afraid of the dark, and experiences overwhelming bouts of anxiety when he smells fire or hears a plane flying low overhead. His reaction to the blackout in August, 2003 was extreme - he was terrified and shook with fear.

Reminders of the World Trade Center attacks (such as anniversary events, other terrorist attacks, etc.) still bring on episodes of anxiety and Mr. Frolich still avoids places that remind him of the attacks. He has not been able to seek employment for fear of riding the subway, being in tall buildings, feeling extreme pain in his foot (which can trigger a flashback) and general fear of experiencing flashbacks with any reminder of the event (including seeing someone that looks like someone he came across on that day).

Tim will need to be in treatment for the foreseeable future. His continued feelings of anxiety (palpitations, shaking and stomach aches) and experiencing of flashbacks indicate a need to remain on medication and in psychotherapy for a minimum of two more years. It is projected that through continued emotional support and behavioral treatments he will be able to decrease and process his flashbacks and PTSD symptoms.

Tim Frolich's prognosis is fair. Both the symptomology related to the events of 9/11 and the physical injury resulting from it have deeply affected his sense of self and his sense of confidence. He will always struggle with the reality that he will never be able to be a totally ambulatory man.



**Photo of Tim Lying on the Ground Outside of Chase Manhattan Bank,
taken by Tiffany Keeling on September 11, 2001**



Pictures of Tim at recovering at home after ORIF surgery on his foot



a.)



b.)

Photos of Tim's Foot:

a.) scar on left foot

b.) distorted, bluish colored left foot, characteristic of RSD